

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/16/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445446		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/19/2011	
NAME OF PROVIDER OR SUPPLIER DYERSBURG MANOR NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 PARR AVENUE DYERSBURG, TN 38024			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 323	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Intakes: TN00027645</p> <p>Based on policy review, medical record review and interview, it was determined the facility failed to ensure new interventions were implemented after each fall for 1 of 5 (Resident #1) sampled residents at risk for falls.</p> <p>The findings included:</p> <p>Review of the facility's "Fall Risk/Fall Prevention Guidelines" policy documented, "...Purpose: To provide a coordinated system to identify patients at risk for falls and develop an individualized interdisciplinary care plan to minimize the incidence of falls and subsequent injury... Definition of Fall: Observed fall, patient observed lying in floor, rolling off of low bed to mat in floor or assisting patient to floor is defined as a fall... Procedure... The Fall Focus Team will evaluate Nurse Event Notes or all patient falls for appropriate interventions making recommendations for changes as needed..."</p> <p>Medical record review for Resident #1</p>			F 323			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	<p>Continued From page 1</p> <p>documented an admission date of 11/18/10 with a readmission date of 9/12/11 with diagnoses of Abdominal Pain, Atypical Chest Pain, Coronary Artery Disease, Diabetes Mellitus and Congestive Heart Failure. Review of the care plan dated 12/4/10 and updated 9/9/11 documented, "...ACTUAL FALLS R/T [related to] @ [at] high Risk for falls/ needs assist transfer, toileting, ambulation due to: weakness, unsteady gait from diabetic neuropathy; chronic pain syndrome..."</p> <p>Review of the nurses' event notes and care plan documented the following:</p> <p>a. 2/18/11 - "...Type of Occurrence... Fall... Immediate Steps Implemented to Prevent Recurrence: Res. [resident] instructed to always wear non-skid socks..." Review of Resident #1's care plan for falls documented the intervention to "wear non-skid socks" was already in place prior to this fall. No new intervention was developed after this fall.</p> <p>b. 2/25/11 - "...Type of Occurrence... Fall... Immediate Steps Implemented to Prevent Recurrence: Instructed res. to push call light when assistance is needed..." Review of Resident #1's care plan for falls documented the intervention of "call light" was already in place prior to this fall. No new intervention was developed after this fall.</p> <p>c. 3/1/11 - "...Type of Occurrence... Fall ...Immediate Steps Implemented to Prevent Recurrence: Reminded Res. to always wear non-skid socks..." Review of Resident #1's care plan for falls documented the intervention to "wear non-skid socks" which was already in place prior to this fall. No new intervention was developed after this fall.</p> <p>d. 3/13/11 - "...Type of Occurrence... Fall...</p>			F 323			

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F 323	<p>Continued From page 2</p> <p>Immediate Steps Implemented to Prevent Recurrence: Reminded resident to always get her balance before standing or sitting down..." Review of Resident #1's care plan for falls documented the intervention to "get her balance" was already in place prior to this fall. No new intervention was developed after this fall.</p> <p>e. 7/10/11 - documented a fall, "...Detailed Description of Occurrence: Summoned to room, observed resident sitting [symbol for up] on floor... [resident stated] just missed her bed when trying to sat [sit] [symbol for down] and sat on floor instead... Immediate Steps Implemented to Prevent Recurrence: Discussed c [with] resident and daughter, concerning resident to ask for help, instead of trying to do ADL [activities of daily living] herself..." Review of Resident #1's care plan for falls documented the intervention to ask for assistance and "let staff assist with dressing" was already in place prior to this fall. No new intervention was developed after this fall.</p> <p>f. 8/19/11 - "...Type of Occurrence... Fall... Immediate Steps Implemented to Prevent Recurrence: Resident on non skid shoes. She was put to bed and instructed to use call light and walker..." Review of Resident #1's care plan for falls documented the interventions of "call light" and "walker" were already in place prior to this fall. No new intervention was developed after this fall.</p> <p>During an interview in the dining hall on 9/19/11 at 1:57 PM, the Assistant Director of Nursing (ADON) was asked how the facility addressed resident falls. The ADON stated, "...the nurse fills out a nurse's event note... the nurse should fill out an intervention... evaluated by the fall team... have to put in another new intervention with every</p>			F 323			

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